

<p align="center">EMERGENCY SERVICES DIVISION</p> <p align="center">PROCEDURE</p> <p align="center">BROOKHAVEN NATIONAL LABORATORY</p>		<p>Procedure No. FR-EMS-3.0.7</p> <p>Revision No. 3</p> <p>Page 1 of 4</p>
<p align="center">TITLE: POST-EXPOSURE AND FOLLOW UP TO BLOOD, BODY FLUIDS AND OTHER COMMUNICABLE DISEASES</p>		
<p>1.0 PURPOSE:</p> <p>1.1 The purpose/scope of this procedure is to provide guidance to the Fire/Rescue Group members who are exposed to body fluids, blood and communicable diseases.</p> <p>1.2 The Brookhaven National Laboratory Fire/Rescue Group recognizes the potential exposure of its Firefighters, in the performance of their duties, to communicable disease. To minimize the risk of the exposure the Brookhaven National Laboratory Fire/Rescue Group implements an Infection Control Program in concert with the Occupational Medicine Clinic (OMC) and the Industrial Hygiene Group.</p> <p>The infection control program includes initial and continuing education in infection control practices, a vaccination program, the provision of proper infection control, clothing, and equipment decontamination procedures, procedures for disposal of medical waste, a system for reporting and managing exposures, a system for tracking exposures and ensuring confidentially monitoring of compliance with the procedures. Finally, exposure to communicable disease shall be considered an occupational health hazard and any communicable disease contracted as the result of a documented workplace exposure shall be considered occupationally related.</p>		
<p>PREPARED BY:</p> <p>C. LaSalla</p> <p>_____</p> <p>Author/Date</p> <p>Filing Code:</p> <p>FR20SR.01</p> <p>_____</p>	<p>REVIEWED BY:</p> <p>M. Carroll</p> <p>_____</p> <p>Chief/Date</p> <p>J. Vaz</p> <p>_____</p> <p>Division QAO/Date</p>	<p>APPROVED BY:</p> <p>F. Marotta</p> <p>_____</p> <p>Division Manager/ Date</p> <p>L. Sbarra</p> <p>_____</p> <p>Acting Division Head, OMC</p> <p>EFFECTIVE DATE:</p> <p>_____</p>

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2.0 **RESPONSIBILITIES**

- 2.1 The Fire Chief has the overall responsibility of the Fire/Rescue Group, and implementation of this procedure.
- 2.2 The Duty Fire Captain is to ensure this procedure is followed.
- 2.3 The Firefighter has the responsibility to report exposures, and to seek medical assistance.

3.0 **DEFINITIONS**

- 3.1 Exposure: Contact with an infectious agent, such as body fluids, through inhalation, percutaneous inoculation, or contact with open wound, non-intact skin, or mucous membrane.
- 3.2 Exposure Incident: A specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that results from the performance of an employee's duties.
- 3.3 Occupational Exposure: Reasonably anticipated skin, eye, mucous membrane or parenteral contact with blood or other potentially infectious materials that may result from the performance of an employee's duties.
- 3.4 Infection Control Liaison: The physician who is the Director of the BNL OMC.

4.0 **PREREQUISITES**

5.0 **PRECAUTIONS**

6.0 **PROCEDURES**

- 6.1 If a member sustains an exposure, the exposed area shall be thoroughly washed immediately, using water on mucosal surfaces, and soap and running water on skin surfaces. If soap and running water are not available, alcohol or other skin cleaning agents that do not require running water shall be used until soap and running water can be obtained.

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- 6.2 The employee who has been occupationally exposed will immediately report the exposure and be directly referred to the BNL OMC during regular working hours or to a hospital emergency room after-hours for medical evaluation, care and counseling.
- 6.3 Infection Control Liaison at the OMC will be notified of these type of exposures occurring after hours during the first regular clinic day after the event.
- 6.4 Follow-up medical care, counseling and testing as appropriate will be monitored by the Infection Control Liaison.
- 6.5 If a member does not wish the local hospital emergency room to give care and counseling, he/she may choose to seek other medical care, such as from his/her own physician, for the appropriate treatment. Treatment is to be given as soon as practical, but at least within 48 hours of the exposure.
- 6.6 If a member does not wish to seek medical care but just to report the incident, he/she will fill out the Fire Group's Infectious Exposure Form with the Duty Fire Captain to document the exposure.
- 6.7 The Infectious Exposure Form will be filled out on all reported exposures.
- 6.8 All completed Infectious Exposure Forms will be kept confidential and will be delivered to the Infection Control Liaison for evaluation.
- 6.9 The Record of Exposure Form shall become part of the employee's confidential permanent health file in OMC as specified in Section 2-5.5 of NFPA 1581.
- 6.10 Due to the hazardous nature of some communicable diseases, members shall be required to report to the Infection Control Liaison when a member has received a confirmed exposure that has occurred off duty, or is being medically treated or tested due to presenting signs or symptoms. Verbal notification shall be followed up with a note or letter from the member's physician describing the disease exposed to, treatment required and fitness for regular Fire Group duties relative to communicability hazard to workers and civilians at emergency incidents.

7.0 IMPLEMENTATION AND TRAINING

- 7.1 Probationary period and required reading for all firefighters and officers once a year.

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8.0 REFERENCES

- 8.1 OSHA 29 CFR 1910:1030
- 8.2 ES & H Standard Occupational Exposure to Bloodborne Pathogens 2.8.0 "Bloodborne Pathogens."
- 8.3 NFPA: 1581-1991 Edition
- 8.4 Safety and Health Services SOP Bloodborne Pathogens Exposure Control Plan

9.0 ATTACHMENTS

- 9.1 Infectious Control Form

Attachment 9.1
EMERGENCY SERVICES DIVISION
BNL FIRE GROUP INFECTION CONTROL PROGRAM

BNL FIRE GROUP
INFECTIOUS EXPOSURE FORM

Exposed Member's Name: _____ Life No.: _____ Rank: _____

Soc. Sec. #: _____ Home Phone: _____

Field Inc. #: _____ Shift: _____

Name of Patient: _____ Sex: _____

Age: _____ Address: _____

Suspected or Confirmed Disease: _____

Transported to: _____

Transported by: _____

Date of Exposure: _____ Time of Exposure: _____

Type of Incident (auto accident, trauma): _____

What were you exposed to:

Blood _____ Tears _____ Feces _____ Urine _____ Saliva _____

Vomit _____ Sputum _____ Sweat _____ Other _____

What part(s) of your body became exposed? Be specific:

Did you have any open cuts, sores, or rashes that became exposed? Be specific:

How did exposure occur? Be specific:

Did you seek medical attention? _____ yes _____ no

Where? _____ Date: _____

Contact Infection Control Officer: Date _____ Time: _____

Supervisor's Signature: _____ Date: _____

Member's Signature: _____ Date: _____